(b) 115 schemes have been sane tioned for rehabilitation upto July 31, 1997. Of these, 35 companies have been declared no longer sick pur suant to implementation of the re vival schemes.

(c) Reasons for delay in rehabili tation of the sick companies include delay in formulating viable revival schemes, non-viability of the sick .companies, non-availability of the offers for take-over of the sick companies^ etc.

(d) Maharashtra ranks first in terms of number of references re ceived from sick industrial companies.

Medical attendance rules in PSUs

2078. SHRI GAYA SINGH: Will the Minister of INDUSTRY be pleased to state:

(a) whether jj. is a fact that two sets of medical attendance rules are being followed in PSUs where employees on Central DA pattern arg reimbursed only Rs. 2400 for self and family per annum whereas employees on Indu'strial DA pattern are reimbursed basic pay plus IDA which ranges from Rs. 6000 to Rs. 20,000 p;r annum;

(b) if so, what are the recommendations of High Power Pay Committee Report and the decision of the Supreme Court dated 3rd May, 1990 thereon; and

(c) the action Government are contem plating to remove this disparity so that all employees get equal OPD medical b?nefits in the public sector undertakings?

THE MINISTER OF INDUSTRY (SHRI MURASOLI MARAN): (a) For outdoor treatment, employees of PSEs, not having their own hospitals/ dispensaries and following CDA pattern are allowed annual reimbursement of medical expenses upto a ceiling of Rs. 2400 or ovie month's basic pay whichever is less, subject to a minimum of Rs. 1000. In case of PSEs following IDA pattern, the actual expenses on medical treatment and cost of medicine is reimbursed in full. However, the amount of such reimbursement in the case of family member is not to exceed one month's pay (Basic Pay plus IDP) in aviy financial year.

(b) and (c) The High Power Pay Committee's recommendation on Medical attendance is given in the Statement, *(See* below). The honourable Supreme Court directed that this recommendation will be implemented from a prospective date to be decided by the management of the public sector enterprises. Ac:ord-ing to the judgement dated 3-5-90 of the honourable Supreme Court the employees appointed on or after 1-1-89 will be governed by such pay scales and allowances as may be decided by the Government in its discretion. Those appointed earlier with IDA pattern will continue to be governed in accordance with the terms and conditions of their appointment.

In order to bring a general uniformity in the facilitie's and allowances inclusive of OPD medical benefits etc., the Government has also advised public sector undertakings that the employees in PSUs will have an option to switch over to the IDA pattern and related scales of pay 'notified by the Government on Voluntary basis.

Statement

(i) PEs following CS(MA) Rules, be allowed to continue to follow the same rules wherever extended to their employees for both indoor and outdoor treatment. PEs who have framed their own rules may be allowed to continue to follow the same, subject to the modifications indicated hereunder.

(ii) For outdoor treatment, PEs not having their own hospitals/dispensaries may allow annual reimbursement of medical expenses upto a ceiling of Rs-2400 or one month's basic pay whichever is less, subject to a minimum o* Rs. 1000. However, in cast of special

diseases like Cancer and TB, where outdoor treatment is advised, the chief executives/their authorised officers may be empowered to allow reimbursement beyond these limits as a special case. These ceilings be applied to all PEs irrespective of the Medical Rules being followed by them.

(iii) In some PEs, there is a system of giving a fixed lumpsum monthly allowances for indoor and outdoor treatment. This may be discontinued.

(iv) The actual expenditure on in-door treatment/hospitalisation be re-imbursed provided the treatment is carried out in any (a) Government hospital, (b) Government aided hospital, (c) Trust hospitals established on "no profit no loss basis", or in (d) selected hospitals specifically approved by the PEs for such purpose. However, in regard to (d), the PEs while approving such hospitals should also finalise the rates to be charged by such hospitals from PE employees; keeeping in view the rates fixed by the All India Institute of Medical Sciences (AIIMS). However, diet charges need only be reimbursed to eligible employees as per CS(MA) Rules.

(v) In PEs, having their own hos-pitals\dispensaries, the employees should take treatment as iadoor or as outdoor patient in such hospitals/dispensaries only and no reimbursement should be allowed. In case sufficient facilities are not available for outdoor/indoor treatment in such hospitals/dispensaries, the Spe;ialists/Doctors of such PEs, may refer cases to other approved hospital and in such cases reimbursement may be allowed as per CSfMA) Rules.

(vi) Wherever PEs are having their own hospitals/dispensaries they may extend medical facilities to their superanniiated employees and 'heir families, in such hospitals/dispensaies.

(vii) The treatment to be carried out in foreign countries may be permitted only as per Central Government orders issued from time to time, for their employees.

Investment deferred at FIPB meetings

2079. SHRI JALALUDIN ANSARI: Will the Minister of INDUSTRY bo pleased to state;

(a) the details of each investment proposal deferred at each meetiag of the FIPB siince July 1, 1996;

(b) the details of each investment proposal deferred at more than one meeting;

(c) whether the administrative Ministry concerned is required to provide the impact on the foreign investor and the investment proposal concerned while seeking deferral;

(d) if the answer to (c) is in tha negative, whether Government will consider requiring the administrative Ministry concerned to provide in writing the impact on the foreign investor and the investment proposal concerned while se'king deferral; and

(e) if not the reasons thereof?

THE MINISTER OF INDUSTRY (SHRI MURASOLI MARAN): (a) and (b) During the aforesaid period, a very large number of meetings of FIPB have been held. In each meeting, on an average 50-60 cases are considered. The required data would be very voluminous and is not bein? centrally maintained.

(c) to (e) The meetings of the Foreign Investment Promotion Board (FIPB) are held every week and investment proposals are considered in a compressed time schedule to minimise delays.